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Anne Kathryn Bludgen First Name Middle Name Land Name		Case numb	NEF (# lancom)			
				Debtor 2	2 or	
nployment compensation		\$	0.00	\$	0.00	
M. ■ 0-04 Violatini pri deta (Machine Control (Machine)						
	T					
efit under the Social Security Act.		\$	0.00	\$	0.00	
ot include any benefits received under the Social s	Security Act or payments recei r international or domestic					
		\$	0.00	\$	0.00	
		\$	0.00	\$	0.00	
al amounts from separate pages, if any.		+\$	0.00	+ \$	0.00	
culate your total current monthly income. Add limn. Then add the total for Column A to the total for	nes 2 through 10 for each r Column B.	s_4	<u>,938.0</u> 0	+ \$(5,198.00	\$ 11,136.00 Total current
Determine Whether the Means Test A	pplies to You					
					y-1 -000-	
Copy your total current monthly income from line	e 11		C	ppy line 11	here →	11,136.00
Multiply by 12 (the number of months in a year).					12 14 mm + 14 mm	c 12
The result is your annual income for this part of	the form.				12b.	133,632.2
culate the median family income that applies to	you. Follow these steps:					
in the state in which you live.	ANTIQUES A BASES CONTRACTOR OF SUPERIOR CONTRACTOR SUCCESS					
	Commence of the second					
in the number of people in your household.	6				-	
in the median family income for your state and size		-			13.	96,976.00
find a list of applicable median income amounts, go	online using the link specifie	d in the sepa			·	
w do the lines compare?						
Line 12b is less than or equal to line 13. On to Go to Part 3.	he top of page 1, check box 1.	, There is no	presumptio	on of abus	æ.	
. Line 12b is more than line 13. On the top of p Go to Part 3 and 備 out Form 122A-2.	page 1, check box 2, The pres	umption of a	buse is deti	ermined b	y Form 122A-2	2.
Sign Below						
By signing here, I declare under penalty of pe	rjury that the information on th	is statement	and in any	attachme	nts is true and	correct.
* One K. Blidla	×					
Signature of Debtor 1		Signature o	Debtor 2			
Date 06/08/2016		Date MM /	DO /YYY	Υ		
If you checked line 14a, do NOT fill out or	file Form 122A-2.					
*						
	Inployment compensation of enter the amount if you contend that the amount of the Social Security Act. Instead, list it here: If you	inployment compensation of enter the amount if you contend that the amount received was a benefit or the Social Security Act. Instead, list it here: If your spouse. If under the Social Security Act. Instead, list it here: If your spouse. If under the Social Security Act. Instead above. Specify the source and amount, of include any benefits received under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security Act or payments received that was a fifth under the Social Security	Column Debtor Inployment compensation of enter the amount if you contend that the amount received was a benefit in the Social Security Act. Instead, list it here: If you was a power of the Social Security Act. Instead, list it here: In the Social Security Act. In your spouse. In your spouse. In your spouse. In the from all other sources not listed above. Specify the source and amount. of include any benefits received under the Social Security Act or payments received victim of a war crime, a crime against humanity, or international or domestic rism. If necessary, list other sources on a separate page and put the total below. Sala amounts from separate pages, if any. In the nadd the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Unlate your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 11. Multiply by 12 (the number of months in a year). The result is your annual income for this part of the form. Line takes in which you live. In the median family income for this part of the form. Line takes the in which you live. In the median family income for your state and size of nousehold. In the median family income for your state and size of nousehold. In the median family income for your state and size of nousehold. In the median family income for your state and size of nousehold. In the median family income for your state and size of nousehold. In the median family income for page 1, check box 2, The presumption of a Go to Part 3. Line 12b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of a Go to Part 3. Line 12b is less than or equal to Fine 13. On the top of page 1, check box 2, The presumption of a Go to Part 3. Significance of Debtor 1 Date MM / DO / WW	A polyment compensation of order the amount if you contend that the amount received was a benefit of the Social Security Act. Instead, list it here: Your spouse Your spouse	ployment compensation of order the amount if you contend that the amount received was a benefit of the social Security Act. Inclead, set it here: 'I the Social Security Act. Inclead, set it here: 'I your Spouse. 'I the Social Security Act. 'Inclead above. Specify the source and amount. of Include any specific received under the Social Security Act or payments received victim of a war crime, a crime against humanity, or international or domestic issue. If recessary, list other sources on a separate page and put the total below. Specify the source and amount. of Include any specific received under the Social Security Act or payments received victim of a war crime, a crime against humanity, or international or domestic issue. If recessary, list other sources on a separate page and put the total below. Specify the source and amount. Specific the sources on a separate page and put the total below. Specific to a war crime, a crime against humanity, or international or domestic issue. If recessary, list other sources on a separate page and put the total below. Specific to war total current monthly income and amount. Specific to the specific to the specific to the specific to the specific the specific to t	Column A Debtor 1 Column B Debtor 1 Column B Debtor 2 or mon-fillings spouse sployment compensation so note the amount if you contend that the amount received was a benefit in Social Security Act, instead, set it here: **To be Social Security Act, instead, set it here: **To be Social Security Act, instead, set it here: **To be social Security Act, instead, set it here: **To be social Security Act, instead, set it here: **To be or retirement income. Do not include any amount received that was a fit under the Social Security Act, or payments received visiting of a war crime, a crime against hemanity, or intensitional or domestic reson. If necessary, list other sources on a separate page and put the total below. ***Social Security Act, or the social So

Anne Kathryn Bludgen

Debtor 1

Case mumber (# Imoun)_

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L-SDSC MERSONS DATAMENTAL: TWOST LANGUAGE	
41, 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form	1
	x .25
The same of the sa	Сору
41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l). Muttiply line 41a by 0.25.	
Muliphy and 412 by 025.	
42. Determine whether the income you have left over after subtracting all allowed deduc is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies:	tions
Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is Go to Part 5.	is no presumption of abuse.
Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.	box 2, There is a presumption
Part 4: Give Details About Special Circumstances	
3. Do you have any special circumstances that justify additional expenses or adjustments	s of current monthly income for which there is no
reasonable alternative? 11 U.S.C. § 707(b)(2)(B).	•
No. Go to Part 5.	
Yes. Fill in the following information. All figures should reflect your average monthly exper	nse or income adjustment
for each item. You may include expenses you listed in line 25.	
You must give a detailed explanation of the special circumstances that make the explanation adjustments necessary and reasonable. You must also give your case trustee documexpenses or income adjustments.	penses or income mentation of your actual
	Average monthly expense
Give a detailed explanation of the special circumstances	or income adjustment
	\$
	*
	\$
à.	
	\$
Part 5: Sign Below	
By signing here, I declare under penalty of perjury that the information on this stater	ment and in any attachments is true and correct.
* Unio K Bleden *	
Signature of Debtor 1 Signature	of Debtor 2
0.10120	
Date ()(n/() & /QO G	DD /YYYY

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Debtor 1 <u>Anne Kathryn Bludgen</u> Case number (if known) Answer These Questions for Reporting Purposes Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 77 Do you estimate that after 🗹 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and any exempt property is administrative expenses are paid that funds will be available to distribute to unsecured creditors? excluded and ☐ No administrative expenses are paid that funds will be ☐ Yes available for distribution to unsecured creditors? 18. How many creditors do 1,000-5,000 25,001-50,000 you estimate that you 50-99 5,001-10,000 50,001-100,000 owe? 100-199 10,001-25,000 ☐ More than 100,000 200-999 19. How much do you \$0-\$50,000 □ \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your assets to \$50,001-\$100,000 \$10,000,001-\$50 million ■ \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion ☐ \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion 20. How much do you \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your liabilities \$50,001-\$100,000 ■ \$10,000,001-\$50 million \$1,000,000,001-\$10 billion to be? **\$100,001-\$500,000** \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million ■ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection

with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. . §§ 152, 1341, 1519, and 3571. 18 U.S.

ature of Debtor 1

Signature of Debtor 2

Executed on

MM / DD /YYYY

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Debtor 1 Anne Kathryn First Name Middle Name	Bludgen Last Name	Case number (if known)_	
i ii se i vanile — Wildule i valili	e Last vame		
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named to proceed under Chapter 7, 11, 12, or available under each chapter for which the notice required by 11 U.S.C. § 342 knowledge after an inquiry that the info	r 13 of title 11, United States Code, an n the person is eligible. I also certify th 2(b) and, in a case in which § 707(b)(4	d have explained the relief nat I have delivered to the debtor(s))(D) applies, certify that I have no
	Bernard A. Schlosser Printed name Bernard A. Schlosser, Attor Firm name 181 S. Bloomingdale Road Number Street	ney at Law, P.C.	
	Bloomingdale City	IL State	60108 ZIP Code
9	Contact phone <u>(630) 529-1740</u>	Email address	bernard.a@att.net
	2489139 Bar number	IL State	-

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Debtor 1	Anne Kathryr	Bludgen	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I Case number (If known)	Bankruptcy Court for	the: Northern District of II	llinois

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Dld you pay or agree to pay someone who is NOT an at	torney to help you fill out bankruptcy forms?
₩ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the s that they are true and correct.	summary and schedules filed with this declaration and
* ame K. Bludler x	
Signature of Debtor 1	Signature of Debtor 2
Date 0 0 08/2016	Date MM / DD / YYYY

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Anne Kathryn Bludgen	Car	se number (if known)
First Name Middle Name Last	Name	on training (income)
	Describe the nature of the business	Employer Identification number
Business Name		Do not include Social Security number or ITIN. EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
City State Zill Code		From To
No	tcy, did you give a financial statement to a	nyone about your business? Include all financial
Yes, Fill in the details below.	Date Issued	
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Code		
12: Sign Below		
answers are true and correct. I understan	t of Financial Affairs and any attachments, d that making a false statement, concealing result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
* anne K. Bludge	'M *	
Signature of Debtor 1	Signature of Debtor 2	
Did you attach additional pages to Your S	Date tatement of Financial Affairs for Individuals	s Filing for Bankruptcy (Official Form 107)?
No Yes		Timig to Sunivapies (Sincial) of the 10737
trak.	is not an attorney to help you fill out bank	ruptcy forms?
No Yes. Name of person		Attach the Penkrupter Politics Conserved No.
		 Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Anne Kathryn Bludgen First Name Middle Name L	ast Name	Case number (If known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	□ No
Description of leased	Yes
property:	_ ,,,,
essor's name:	en en 17 der naventrad Chipter en process anne en 18 a fort van anvall to 170 per en em antestajn specimen e antes
	□ No
Description of leased property:	☐ Yes
essor's name:	distance .
Description of leased	☐ No
property:	☐ Yes
essor's name:	
	□ No
Description of leased property:	☐ Yes
essor's name:	No
And the second s	Yes
Description of leased roperty:	u res
essor's name:	□ No
escription of leased roperty:	Yes
essor's name;	
	□ No
escription of leased roperty:	Yes
	n var de Reine (men et regin de vinden en e
3: Sign Below	

Signature of Debtor 2 MM / DD /

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B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

None

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Motions, Objections or Adversary Proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

n.0

Signature of Attorney

Name of law firm